



**State of Utah Department of Health
Conrad State-30 J-1 Visa Waiver Program**



Revised 07/12/2002

Pursuant to the requirements of Public Law 103-416, of October 25, 1994, foreign medical graduates who have an offer of full-time employment at a health facility in a designated health professional shortage area, and *agree to begin employment at such facility within 90 days of receiving such waiver* and signs a contract to continue to work at the health care facility for a total of 40 hours per week and not less than three years, may obtain a waiver.

The Utah Department of Health may request 30 waivers per year. The federal year for waivers begins each October 1 and extends through September 30 of the following year. The Utah Department of Health will not support waivers for J-1 visa waiver physicians who wish to work at the following sites:

1. Sites where the owner/employer is in default of the National Health Service Corps or any state scholarship/loan repayment program.
2. Sites where the physician will be in a supervisory position to the owner/employer.
3. Sites where the owner/employer has breached the terms of the contract with a J-1 visa waiver physician within the last two (2) years.

The following is needed if you choose to pursue a J-1 visa waiver through this program.

PROCEDURES FOR WAIVER APPLICATION

STEP 1. To apply for a recommendation for a waiver of the two-year home residence requirement under any of the above bases, applicants must complete a Data Sheet (available via the Internet at <http://travel.state.gov/jvw> or directly at <http://travel.state.gov/DS-3035.pdf>) and send the completed Data Sheet, and **two** self-addressed, stamped, legal-size envelopes (S.A.S.E.) and a check or money order for \$230.00 U.S. dollars per application, payable to the United States Department of State to:

If via Postal Service

United States Department of State
Waiver Review Division
P.O. Box 952137
St. Louis, MO 63195-2137

If via Courier Service

United States Department of State
Waiver Review Division (Box 952137)
1005 Convention Plaza
St. Louis, MO 63101-1200

PLEASE NOTE:

1. Please write on the check or money order the applicant's full name, date of birth and Social Security Number, if any.
2. Remittances must be drawn on a bank or other institution located in the United States and made payable in U.S. currency to the United States Department of State.
3. If the applicant resides outside the United States at the time of application, remittance may be made by bank international money order or foreign draft drawn on an institution in the United States and made payable to the United States Department of State in U.S. currency.

STEP 2. Once the Waiver Review Division has received your Data Sheet, they will use your self-addressed, stamped, legal-size envelope to send you a case number and instruction sheet on how to proceed with your application under the basis you designated on your Data Sheet. This information will include a list of documents that you must submit to complete your waiver review application. After you have received your case number, you must write the full case number on any documentation you submit as well as on the outside envelope of all future correspondence with this office. If you do not write the case number on all correspondence and on the outside of the envelope, the documents you submit will be returned to you.



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STEP 3. In order for the Office of Primary Care and Rural Health to submit a waiver request package on your behalf, a package of required information must be sent to:

Ms. Erin L. Olsen
Office of Primary Care and Rural Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005
Phone: 801-538-6113
FAX: 801-538-6387
Email: elolsen@utah.gov
Web site: <http://health.utah.gov/primarycare/>

NOTE: Use ONLY 8 ½-inch by 11-inch paper. Requested documentation should be provided on **one side of each page**, when possible. We request that you send **ONLY** one original set of paperwork. **DO NOT Bind, Staple, Loose Leaf Bind, Spiral Bind, OR Use Glued Binders.** Please secure with paper clips, binder clips, or rubber bands **ONLY**.

Checklist of required information that must be contained in the package submitted to the Utah Department of Health:

Required information to be completed and supplied by the J-1 physician for the package:

- ☐ 1. A copy of the letter with your case number from the United States Department of State.
 - ☐ 2. Photocopies of all IAP-66 forms (formerly DSP-66), covering every period of your participation in an exchange visitor program.
 - ☐ 3. Photocopies of any I-94 Entry and Departure cards (front and back on the same page).
 - ☐ 4. A letter with an explanation for any period spent:
 - in some other visa status,
 - out of status, or
 - outside of the United States.
 - ☐ 5. A personal statement regarding the J-1 physician's reasons for not wishing to fulfill the two-year country residence requirement that he or she agreed to at the time exchange visitor status was accepted.
 - ☐ 6. The J-1 physician's curriculum vitae.
 - ☐ 7. A copy of the J-1 physician's:
 - Utah medical license, or
 - demonstration that all medical licensure requirements are met for the State of Utah.
 - ☐ 8. A signed statement (See Signed Statement Document).
 - ☐ 9. If foreign government funding was provided to the J-1 physician for the exchange visitor program, you must also request a "no objection" statement from the country to which you are otherwise obligated to return. The "no objection" statement must be sent directly to the Waiver Review Division from the Embassy and must be on Embassy letterhead and stationery. When you request this statement, be sure to request that the Embassy print your waiver case file number on the LOWER RIGHT of the envelope or the information will not be included in your file. The Embassy must state that the exchange visitor's government has no objection to his or her a) not returning to the home country to satisfy the two-year foreign residence requirement and b) remaining in the United States if he or she chooses. When the "no objection" statement originates from the exchange visitor's government in the home country, that government must forward it directly to the American Consul at the United States Embassy or Consulate, which in turn will transmit the statement to Visa Services. Again, you will need to provide your waiver file case number so that the home country government can print this number on the outside of the envelope containing the "no objection" statement.
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Required information to be completed and supplied by the sponsoring agency for the package:

- ☐ 10. A letter from the head of the sponsoring agency with whom the physician will be employed requesting that the Utah Department of Health acts as an "Interested Government Agency" and recommends a waiver for the J-1 physician. The letter must also *describe the physician's*:
 - qualifications,
 - proposed responsibilities,
 - actual work site(s), and
 - how the J-1's employment will satisfy important unmet needs.
- ☐ 11. A contract for **no less than 40 hours a week for three years** between the facility and the J-1 physician, *signed by both the head of the facility and the J-1 physician*. The contract **must include** a statement that the J-1 physician agrees to *begin employment at such facility within 90 days of receiving the visa waiver*.
- ☐ 12. Evidence that unsuccessful efforts were made **for at least one year** to recruit an American physician for the position (i.e., medical journal advertisements, labor certifications, cover letters, stating that efforts to recruit an American have been unsuccessful, etc.)
- ☐ 13. A description of the sponsoring employer.
- ☐ 14. A statement signed by the head of the facility at which the J-1 physician will be employed stating that the facility:
 - is located in a designated HPSA or MUA area; and
 - provides medical care to both Medicaid and Medicare eligible patients, and indigent uninsured patients.
 The statement should also include the:
 - Federal Information Processing Standards county code and census tract or
 - block numbering area (assigned by the Bureau of Census) or
 - Nine (9) digit zip code of the area where the facility is located.
- ☐ 15. A statement detailing the plans for retaining the physician during and beyond the 3-year obligation.

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- ☐ 16. Please provide this check list with your application package. If all items are included, this will assure you and the J-1 physician that all information has been supplied for us to begin the process of submitting a waiver request package on your behalf. Please note that you should allow at least thirty (30) days for the waiver request to be processed.

All information must be submitted **AT THE SAME TIME**. *Some letters (such as a "No Objection" statement from your government) must be submitted directly to the Waiver Review Division by the Embassy*. In that case, you, as the applicant must request that the Embassy write your full case number on the "no Objection" statement and also on the outside of the envelope to be sent to the Waiver Review Division. The Office of Primary Care and Rural Health, Utah Department of Health, will forward your entire package to the Waiver Review Division.

STEP 4. When the Waiver Review Division receives ALL of the documentation listed above, your case will be adjudicated. The United States Department of State will forward their recommendation directly to the Immigration and Naturalization Service and you will receive a copy of that recommendation letter at the address you listed on your data sheet.

To check on the status of your application, use your waiver case file number and call 1-202-663-1600

To review current processing times, please refer to the United States Department of State's Internet website:
<http://travel.state.gov/jvw.html>

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